			IVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-035	356
DO NOT WRITE	AMENDED		Registr PD SEP 1 7 1982 Primary Registration District No. 5667 Registrar's No. 123 STATE FILE NUMBER	
VS 300	<u> </u>		1. PLACE OF DEATH a. COUNTY Lincoln 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence as STATE Missourf. COUNTY Lincoln admix	
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp Length of stay in 1b OR TOWN Trow Yes &	Limits No 🗆
0570	E AV		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET ADDRESS ADDRESS	on Farm
2570	DATE			No □X
3			3. NAME OF DECEASED First Middle Last 4. DATE Month Day OF DEATH September 7, 1962	Year 2
4 0			5. SEX 6. COLOR OR RACE 7. Married CK Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UND	DER 24 HR
5 /			Male White Widowed Divorced D 6/13/190 62 Months Days Hours 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT CO	<u> </u>
6	SW.		during most of working life, even if retired) Automobile Macon Co. Mo. USA	
7 <i>O</i>			136. FATHER'S NAME 14. NAME OF HUSBAND OR THE COM 81	
8 2	2		David Freeman Edna Maguire Bertha Fitzsimmons 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
9/54X	ا ابد ا		(Yes, no Not unknown) (If yes, give war or dates of servi None Bertha Freeman, Troy, Missour:	
10	¥		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	D DEATH
11 ,	CORD	DOCUMEN	IMMEDIATE CAUSE (a) METASTATIC ADENOCAYECINOMA 3 M	105
12 / -0	F E		Conditions, if any, which gave rise to DUE TO (b) ADENOCARCLUOMA RECTUM	005_
	INST		above cause (a), stating the under- lying cause last. DUE TO (c)	
	б		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	male was st 90 days.
	N			Unknown
	WQZ .			16.)
Z	AMENDMENT		20c. TIME OF Hour Month, Day, Year	
K INK			20d. INJURY OCCURRED WHILE AT WORK 100	STATE
AR RE	READ		21. I attended the deceased from JULY 1960 to 9/7/62 and last saw him elive on 9/7/62	
= × = = =			Death occurred at 2 2 0 PM on the date stated above, and to the best of my knowledge, from the causes state	ed.
USE BLAC OR TYPEWRITER	SHOULD	VIT OF	Anis C. Letter M.D. Troy, Missouri 9/8/	TE SIGNED
-	o S	AFFIDAV	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Rupial Troy Cometery Troy, Missouri.	'e)
		AFF	Burial 9/9/62 Troy Gene tery Troy, Missouri. 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	
	ITEM		Kemper-Marsh Funeral Home, Troy, No. 9-9-62 Charlotte Lock on John	efor.
			(Licensed Embelmer's Statement on Reverse Side)	<i>"</i> .

NO SED TO THE

STATEMENT. BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision. Student	Signed Justiful March Sio
Signature of Student Embalmer	Licensed Embalmer No. 3932 P. O. Address Troy, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.